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Emergency Authorization

Today's Date:* _____

Legal owner of pet:* _____

Name of pet(s):* _____

I authorize (including phone number):*

(Print name of pet sitter, caretaker, family member, etc.)

to care for and make decisions regarding medical care for the pet(s) listed above

* for the period of _____
(fill in dates)

Or * indefinitely, for the remainder of the pet's life.

I understand that services may include examination of my pet, medications, and diagnostic or surgical procedures and that I may be required to provide a credit card deposit upon admission of my pet to the hospital. I authorize the doctors and staff of Eastside Veterinary Associates in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

*

Signature of legal owner

*

Owner's Emergency contact phone number and/or email